



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** January 06, 2026  
**TO:** Applicable Integrated Plans  
**FROM:** Nishamarie Mills  
Acting Director, Medicare-Medicaid Coordination Office  
**SUBJECT:** OMB-Approved Applicable Integrated Plan Coverage Decision Letter

**Purpose**

The Centers for Medicare & Medicaid Services (CMS) is announcing the release of the OMB-approved coverage decision letter (CDL) and form instructions for dual eligible special needs plans (D-SNPs) that are applicable integrated plans (as defined at 42 CFR 422.561)<sup>1</sup>. Applicable integrated plans (AIPs) must start using the updated CDL no later than March 06, 2026.

**Background**

AIPs are D-SNPs and affiliated Medicaid managed care organizations (MCOs) that must meet the unified appeals and grievances procedures defined at 42 CFR 422.629-422.634. AIPs are required to issue a CDL as a result of an integrated organization determination under 42 CFR 422.631 when an AIP reduces, stops, suspends, changes or denies, in whole or in part, a request for a service or item (including a Part B drug) or a request for payment of a service or item (including a Part B drug) that the enrollee has already received. The CDL integrates Medicare and Medicaid service decisions into one letter, minimizing confusion for full-benefit dually eligible individuals about how to appeal an adverse decision. AIPs will issue the CDL in place of the Notice of Denial of Medical Coverage (or Payment) (NDMCP) form (CMS-10003; 0938-0829) as part of requirements to unify appeals and grievance processes.

**Updates**

The following updates were made to the coverage decision letter:

- Added “and/or” to “*medical service/item and/or Medicare Part B drug*” throughout the document

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<sup>1</sup> As defined at 42 CFR 422.561, an applicable integrated plan is a D-SNP with exclusively aligned enrollment, such that all D-SNP enrollees also receive Medicaid benefits under the same parent organization.

- Added language that explains the appeal deadlines for standard and fast appeals in the “You have the right to appeal our decision” section on page 2.

## **Resources**

The Coverage Decision Letter will be available at <https://www.cms.gov/medicaid-chip/medicare-coordination/qualified-beneficiary-program/d-snps-integration-unified-appeals-grievance-requirements> along with related model notices, guidance, and other resources.

We encourage plans to contact the Medicare-Medicaid Coordination Office at [MMCO\\_DSNPOperations@cms.hhs.gov](mailto:MMCO_DSNPOperations@cms.hhs.gov) or their account manager with any questions on these models or unified grievances and appeals processes.